

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Michael R. Pence
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Doctor of Veterinary Medicine Renewal Form

Your veterinarian license expires on October 15 of odd years. You may renew your license online at www.pla.in.gov. To renew by mail, please complete this form in its entirety and submit it with the renewal fee of \$100 to the office address shown in the above left corner. **Include a \$50 late fee if postmarked after your license expiration date.** Allow at least 4 weeks for the processing of this paper form. If you answer 'Yes' to questions 1-5 include a detailed statement regarding the response along with this form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address				
Licensee Name	License Number	CE Hours Required	Expiration Date	Renewal Fee
Street Address				
City		State	Zip Code	
Phone Number		Email Address		

QUESTIONS		
1. Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending?	Yes	No
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	Yes	No
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?	Yes	No
4. Have you had a malpractice judgment against you or settled a malpractice action?	Yes	No
5. Have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended or subjected to any restriction, probation, or other type of discipline or limitations?	Yes	No

INACTIVE STATUS		
Do you want to put your license in inactive status?	Yes	No
The fee and CE requirements are waived for inactive status, but you must answer all questions above and sign and date below. A veterinarian may not maintain an office or otherwise practice veterinary medicine in the state of Indiana on inactive status.		

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at www.pla.in.gov for additional information regarding your licensure, including continuing education requirements and name change requests. If you have any questions for the Indiana Board of Veterinary Medical Examiners please email pla8@pla.in.gov or call 317-234-2054.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date